

Yorkshire Smokefree Wakefield

Local Enhanced Service

1st July 2018 to 30th June 2021



Chair: Angela Monaghan Chief Executive: Rob Webster



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The Government Standard

With **all of us** in mind.

LOCAL ENHANCED SERVICE (LES)

STOP SMOKING SERVICES

1. Introduction

Smoking is the single greatest cause of preventable illness and premature death in the UK. It causes more than 100,000 deaths each year. One in two smokers will die from a smoking related disease and 70% of smokers say they would like to stop.

The prevalence of smoking in the adult population of Wakefield is estimated at 19.5%, which is about 4% higher than the national average (JSNA 2017).

Smoking is an issue that affects the full population, with prevalence in Wakefield being at its highest in people aged between 20 and 29 (34.3%). There are currently an estimated 67,800 smokers in Wakefield district. (JSNA 2017).

Approximately 32% of deaths in Wakefield are attributable to smoking and around 4,700 hospital admissions each year are attributable to smoking. (JSNA 2017).

The enhanced service will assist in meeting the following national targets.

There are three key outcome measures, focusing on prevalence reduction:

- Reduce the prevalence of 15 year olds who regularly smoke from 8% to 3% or less than 13%
- Reduce smoking prevalence amongst adults in England from 15.5% to 12% or less.
- Reduce the inequality gap in smoking prevalence between those in routine and manual occupations and the general population.

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2. The Aim of the Scheme

SWYFT plans to support people who express a desire to quit smoking utilising either local primary care services, other partner providers or by referral to the Specialist Stop Smoking Service. This reflects both national priorities and additional locally identified priorities.

This scheme is intended to assist SWYFT and its constituent partner providers to meet these priorities by:

- providing comprehensive local access to equitable, consistent, flexible and high quality stop smoking services
- Enabling prompt and appropriate access to stop smoking medications, such as nicotine replacement therapy, varenicline and bupropion.
- ensuring that services are delivered in the most appropriate setting by the most appropriate advisor as part of an overall programme of support
- ensuring staff are competent in delivering the service to a high standard
- ensuring that all stop smoking targets are met including those set out in the DH Stop Smoking Services: Service and Monitoring Guidance 2014(http://www.ncsct.co.uk/publication_service_and_delivery_guidance_2014.php) and subsequent updates.

3. Principles

Enhanced service provision will be expected to adhere to a number of core principles:

- Be consistent with national and local strategies and best practice as outlined in evidence based guidelines and NICE guidance:
 - DH (2011/12). “NHS Stop Smoking Services: Service monitoring and guidance”. Department of Health.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_096886

Evidence based guidelines and NICE guidance should inform service provision and the availability of stop smoking aids.

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- HDA (2003) “Meeting Department of Health Smoking Cessation Targets: Recommendations for Primary Care Trusts” Health Development Agency
- NICE (2002) “Brief Interventions and Referral for Smoking Cessation in Primary Care and other Settings”
- NICE (2002) “Nicotine Replacement Therapy (NRT) and Bupropion for Smoking Cessation” – Technology Appraisal Guidance No.38.
- NICE (2007) “Workplace Health Promotion: How to help employees to stop smoking”
- NICE (2007) ‘Varenicline for smoking cessation – Technology appraisal 123
- NICE (2008) “Public Health Guidance 10: Smoking Cessation Services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach groups”
- NICE (2008) “Antenatal Care: Routine Care for the Health Pregnant Woman”
- Raw M, McNeil A, West R. “Smoking Cessation Guidelines for Health Professionals. A Guide to Effective Smoking Cessation Interventions for the Health Care System.” *Thorax* 1998; 53 (suppl 5, Pt 2): S1-38.
- West R, McNeil A and Raw M. “National Smoking Cessation Guidelines for Health Professionals: an update.” *Thorax* 2000; 55:987-99.
- DH (2006) “Reducing smoking in pre-conception, during pregnancy and postpartum. Integrating high impact actions into routine healthcare practice.”
- DH (2008) “The Good System Guide: A toolkit for developing performance improving systems in healthcare organisations. Pharmacies, mental health facilities, acute hospital settings, general and dental practice”
- Nicotine replacement therapy for smoking cessation. Cochrane Database of Systematic Reviews, Issue 1. (2008) Stead LF, Perera R, Bullen C, Mand and Lancaster C.
- DH (2010) “A Smokefree Future – A Comprehensive Tobacco Control Strategy for England”
- NICE (2010/20) “Guidance on School-based Methods to Prevent Children and Young People Smoking”

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- National Centre for Smoking Cessation and Training (NCSCT) training standard. Learning outcomes for training stop smoking practitioners <http://ncsct.co.uk/usr/pub/NCSCCTtrainingstandard.pdf>
- DH (2011/12) Service and Monitoring Guidance
- Any other guidance published within the life of this agreement.

4. Outline of Service Requirements

- All service providers will be responsible for ensuring the stop smoking support programme is delivered in an appropriate setting (e.g. a confidential environment) and by appropriately trained staff (e.g. intermediate level 2 advisors)
- The provider must ensure that their clients receive behavioural support from a person who has had the appropriate training and supervision. The training consists of Practitioner training; core competences in helping people stop smoking, which leads to NCSCT certification. This will be followed by Level 2 core training, which will incorporate local training elements and will be provided by the specialist stop smoking service. Following this, a period of shadowing with a fully trained advisor (within the specialist stop smoking service) will also be carried out.
- The provider will adopt a holistic approach to assessment of smoking, smoking behaviour and lifestyle including consideration of other health problems e.g. other physical and mental health problems, pregnancy etc.
- The provider will provide tailored advice, counselling and support, taking into account individual needs and choices particularly for minority ethnic and disadvantaged groups.
- The provider must adopt and adhere to the data collection methodology set out in Department of Health (2014) “NHS Stop Smoking Services: service monitoring and guidance”. All intermediate level 2 advisors will be provided with access to the Quit Manager system to record client activity; this will enable appropriate monitoring and audit activity by the core stop smoking service.
- Services will be tailored to include the provision of NICE recommended stop smoking medicines, varenicline (Champix), bupropion (Zyban) and nicotine replacement therapy (NRT), using agreed protocols (the use of NRT voucher

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scheme/Patient Group Directive (PGD)/prescription requests, where appropriate)

- Providers must maintain a quit rate within the limits set by the Department of Health in the guidance referenced above. The acceptable quit rate is between 35% and 70%. All providers will be expected to exception report performance that falls outside these limits.
- Trained Intermediate level 2 advisors responsible for delivering stop smoking support must attend annual refresher training, annual peer learning networks (arranged by the specialist stop smoking service) and implement any new guidance or directives that are published and update training as offered by NCSCT. Failure to attend updates as required may result in the withdrawal of this agreement.
- Providers will respect people's choices and lifestyles and maintain effective communication with all clients.

Data Collection

- Providers will submit full **and accurately completed** data via Quit Manager for each individual smoker who registers for support, within the timescales attached to this agreement. This must include all the information required by the Department of Health, set out in the Service Monitoring and Guidance 2014.
- Failure to submit the data by the required date will result in the withdrawal of payment for those clients.
- Failure to fully complete and submit the data accurately will result in any payments due being withheld until it is completed satisfactorily within required timescales.

5. Local Enhanced Service Delivery

The following planned intervention must be provided to all smokers supported through this agreement:

- The smoker expresses a desire to quit smoking (this step involves the member of staff to use nationally recognised brief and very brief intervention models).

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- The advisor provides information on smoking, the consequences of smoking and the potential treatments to support quitting.
- An assessment is undertaken considering smoking, lifestyle, behavioural and health factors affecting the smoker's ability to quit. This may include assessing the smokers wider support network of family and friends and whether they can be engaged to provide additional motivation and support.
- Advice is given on and provision of NRT, Varenicline or Bupropion, if appropriate, and in line with agreed protocols.
- A quit date is agreed and recorded.
- The information sharing consent section on the monitoring form (to enable follow up of quit attempts) is completed.
- Structured follow up sessions of behavioural intervention and support are offered (weekly sessions for a minimum of 4 weeks after the quit date).
 - Behavioural support consists of advice, discussion and exercises provided face-to-face. It can also be delivered by telephone. It aims to make a quit attempt successful by:
 - helping clients escape from or cope with urges to smoke and withdrawal symptoms
 - maximising the motivation to remain abstinent and achieve the goal of permanent cessation
 - boosting self-confidence
 - maximising self-control
 - optimising use of pharmacotherapy
- CO monitoring is to be undertaken at each appointment as an aid to motivation and the reading recorded on the client's notes at each contact.

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- Follow-up at four weeks is to be conducted with all self-reported quitters and an attempt must be made to confirm the smoking status of all clients reporting having quit for four weeks by use of an expired air carbon monoxide (CO) monitor. If clients do not attend their appointment, they should be followed up by telephone, text or email (three times at different times of day) and, importantly, asked and encouraged to attend for CO-verification.
- A carbon monoxide-verified four-week quitter is a treated smoker whose CO reading is assessed 28 days from their *quit date* (-3 or + 14 days) and whose Co reading is less than 6ppm. The -3 or +14 day rule allows for cases where it is impossible to carry out a face-to-face follow-up at the normal four-week point (although in most cases it is expected that follow-up will be carried out at four weeks from the quit date). This means that follow-up must occur 25 to 42 days from the quit date.
- Co verification must be conducted face-to-face and carried out for all four-week quitters. Providers who fail to obtain CO readings for at least 85% of the four week-quitters may be subject to additional verification processes.
- The monitoring information is inputted onto Quit Manager (see Data Collection section above) or indicating whether the patient has successfully quit or not. The data collection at this point is equally important in establishing successful and unsuccessful quitters and must be submitted for both categories. The follow up described above must be undertaken before the client outcome recorded and data return is completed.
- Providers must not develop waiting lists of smokers requesting support. If a smoker cannot be seen within a week of their initial request for support they must be referred to the Specialist Stop Smoking Service so alternative support can be arranged, (including face to face, telephone or online support) unless the smoker has a particular wish to remain with the LES provider and are happy to wait.

Further guidance on monitoring is available in the DH document NHS Stop Smoking Services: Service and Monitoring Guidance 2014/15 and any updates.

It is acknowledged that some patients/clients will still require referral to the Specialist Service, these must include heavily addicted smokers, young people under the age of 18 and pregnant women, smokers with mental health issues , but may also be for other clients due to reasons of choice or access.

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The Specialist Service will provide information, advice and support to all providers who wish to work with specific client groups with additional support needs.

Use of electronic cigarettes

South West Yorkshire Partnership NHS Foundation Trust recognises that a significant number of smokers are turning to electronic cigarettes (e-cigs) as a means of reducing or ceasing their use of smoked tobacco. E-cigs are currently unregulated and untested. In 2013 the UK **Medicines and Healthcare Products Regulatory Agency** (MHRA) announced that from 2016, it intended to regulate electronic cigarettes and other nicotine-containing products as medicines by function which will require manufacture to medicinal purity and delivery standards and control advertising. The proposed regulation will provide a route to licensing by deeming any nicotine device that is proved to deliver nicotine to be effective as a smoking substitute or cessation aid.

Until there is clear guidance from the **(MHRA) and Department of Health**, South West Yorkshire Partnership NHS Foundation Trust and any agents operating through this agreement are unable to provide e-cigs as part of a stop smoking support programme or recommend their use as a means to quitting smoking. This is particularly the case whilst there are ongoing concerns about safety and nicotine concentrations in e-cigs where data is limited.

However, in order to take a pragmatic approach and in recognition of the fact that some smokers are using e-cigs as the first step to quitting the use of smoked tobacco, South West Yorkshire Partnership NHS Foundation Trust requires providers to take the following approach:

- For the purpose of this agreement, e-cigs are to be treated as a nicotine containing device (akin to nicotine replacement products)
- Providers can support anyone to quit smoking under current NHS guidance, whether they are using any smoking cessation aids or not
- Provider's advisors should provide behavioural support to smokers who chose to use an e-cig to help them stop using smoked tobacco products
- Advisors should provide the standard stop smoking support programme to smokers using e-cigs, in line with the local treatment protocol and eligibility criteria in Appendix B
- Advisors should still advise smokers using e-cigs to support their quit attempt about the full range of stop smoking pharmacotherapy available locally (Appendix C) and discuss the relative benefits of using these products

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- Providers must ensure that use of e-cigs are clearly recorded on the clinical record on Quit Manager in the appropriate
- **A smoker who has set a quit date and who has refrained from smoking tobacco at 4 weeks will be recorded as a treated smoker whether or not they are continuing to use an e-cig or other nicotine containing product**
- A treated smoker quit at 4 week will be recorded as either a CO verified quit or a self reported quit even if they are continuing to use an e-cig to support their ongoing abstinence from smoked tobacco
- Advisors must not promote or any specific advice or support around use of e-cigs
- Advisors should not provide Nicotine Replacement products, Champix or any other stop smoking pharmacotherapy to people using e-cigs

6. Eligibility

Providers of the service must ensure their employees/agents are appropriately qualified to provide all elements of the service. The provider should ensure that their clients receive behavioural support from a person who has had training and supervision that complies with the NHS Centre for Smoking Cessation and Training (NCSCT). March 2010.

Individuals providing stop smoking support through this agreement must have completed the Intermediate (Level 2) training delivered by a National Stop Smoking Service and locally delivered Level 2 training as required.

Knowledge and competencies must be maintained by attending one annual update meetings arranged by the Specialist Service, or by providing evidence of equivalent learning through attendance at national/regional alternatives.

7. Performance Management

There are 6 key performance indicators (KPIs) that all providers will be assessed against on a quarterly basis:

1. All providers must achieve the Department of Health minimum standard of 35% quit conversion rate i.e., for every 3 people that set a quit date, at least 1 successful quit should be achieved.

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2. The provider will provide CO-monitor verified quits in minimum of 85% of quits, in line with Department of Health standards.
3. The provider must provide full and complete client records including a clear outcome via Quit Manager and submit to the Service within the nationally agreed timescale of 6 weeks from the client's quit date (see section 10 for data collection deadlines).
4. The maximum lost to follow up rate should not exceed 10% (i.e. For every 10 clients that are seen, the outcome – quit or not quit - should be known for at least 9 of them)
5. All (100%) client details should have a completed code to record client ethnicity and employment status and should be correctly categorised on Quit Manager.
6. All providers should achieve a minimum of 10 quits per annum per advisor

Providers will also be monitored against SWYFT governance arrangements for record keeping and other Care Quality Commission.

The Specialist stop smoking Service will support providers and assist them to meet the requirements of the guidance set out in Part 3 of this agreement.

The Provider will meet with representatives of the Specialist stop smoking Service face to face annually to monitor compliance with this agreement.

Providers with quit rates falling outside the accepted 35% to 70% range will be exception reported and offered support from the specialist stop smoking service, offering retraining if appropriate. Providers with quit rates falling consistently below 35% or failing to meet other KPIs listed above can expect intervention from the specialist stop smoking service to agree action planning and improvement. Failure to demonstrate improvement within agreed timescales (usually six months) or failure to comply with remedial action will lead to the withdrawal of this agreement.

8. Funding

Payment will only be made to providers of the LES who have entered into a signed service agreement with South West Yorkshire Partnership NHS Foundation Trust.

Participating providers will be funded on the following basis:

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Payment will be made to providers on a quarterly basis under the Local Enhanced Service providing that monitoring data is fully completed and submitted for each

person who registers for support. This must be submitted to the Stop Smoking Service in accordance with the timescales set out in Section 10.

For the purpose of this enhanced service, an episode of care has been defined as a completed 4-week assessment. However, it is expected that if patients require support after this point, that care will be provided.

Providers will be reimbursed at the following rate/s:

- A payment by results of **£45** per smoke free patient as measured by a carbon monoxide monitor at the 4 week assessment for each fully completed client record.
- A payment by results of **£35** per smoke free patient whose smoke free status is self- verified and not measured by carbon monoxide monitoring at the 4 week assessment for each fully completed client record.
- A payment of **£10** for clients who set a quit date but do not quit following 3 episodes of trying to make contact.
- An additional payment of **£5** will be made for those successful quitters who are eligible for free prescriptions as categorised on FP10.
- Payment will be authorised on submission of a completed client record on Quit manager within ten days of 4 week assessment, which should be sent to the Wakefield Stop Smoking Service. Please ensure you include all requested information including occupation data and postcode.
- Payment may be withheld if client records are not completed within this timescale or not be completed fully or correctly. Incomplete client records will be notified to the Provider. Should this occur the client record must be fully completed within 15 working days. Payment will not be made for any client record not completed within this timescale.
- Providers will only be paid for patients who successfully complete the 4 week course and quit smoking.

Providers may wish to retain the details of commissioned service activity from their service as quarterly assessment of the figures does not occur till 6-8 weeks after the end of the quarter. This is due to the methodology set by Department of Health for collecting smoking quitters data based on the set

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quit date rather than when the 4 weeks is reached. This results in a delay in payment of about 3 months.

Claims for previous quarters/financial years will not be paid.

10. Data Collection Timetable

DEPARTMENT OF HEALTH – MONTHLY REPORTING DATES

Month in Which Quit Date Set (Financial Year)	Last Date for Stop Smoking Service To Receive Completed Data	Reporting/Payment Deadlines
Quarter 1 April, May, June	1st September	Mid September
Quarter 2 July, August, September	1st December	Mid December
Quarter 3 October, November, December	1st March	Mid March
Quarter 4 January, February, March	1st June	Mid June

NB Data received after the quarterly reporting deadline date will not be awarded a LES payment

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LOCAL ENHANCED SERVICE AGREEMENT

Stop Smoking Services

Agreed anticipated activity level

Number of successful quits to be supported through a quit programme:	<i>A minimum of 10 clients per year</i>
Name of Practice co-ordinator:	
Name of LES worker(s):	1..... 2..... 3..... 4.....

LES workers are defined as staff who have been on approved Stop Smoking Intermediate Training (Level 2) delivered by a National Stop Smoking Service and will be providing stop smoking support.

Termination of the agreement

Termination of this agreement can be made by both parties giving three months' notice in writing.

Should the LES provider chose to terminate the agreement then the CO monitor and any vouchers signed out to the LES worker must be returned to the service within 28 days.

On behalf of _____

We undertake to comply with the terms of the Stop Smoking Local Enhanced Service including the achievement of the KPIs in section 7. We will ensure that our provision fulfils the requirements of the DH Service and Monitoring Guidance 2014/15 and subsequent updates and will intend to submit fully completed client records and other reports required for the monitoring of the service by the Stop Smoking Service on behalf of South West Yorkshire Partnership NHS Foundation Trust.

We agree to allow dedicated time for trained staff to provide appropriate support and undertake follow-up work with smokers who have shown an interest in quitting. **We understand this will be a minimum of 1.5 hours of support per quitter and each LES worker will need to support at least 15 smokers per year to maintain their competency.**

Agreed by:

	Signed and printed on behalf of the provider
	Date
	Signed and printed on behalf of SWYPT
	Date

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**South West
Yorkshire Partnership**
NHS Foundation Trust

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Associated teaching trust status



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